

Homely Health Care Ltd

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Inspection report

Suite 6A, Wessex House
St. Leonards Road
Bournemouth
BH8 8QS

Tel: 07985591098

Website: www.homelyhealth.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Homely Health Care Ltd is a domiciliary care service providing the regulated activity of personal care to people who live in their own homes. At the time of our inspection there was one person receiving care and support from the service.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, consent assessments were not always clear, we have made a recommendation about the completion of mental capacity assessments.

Recruitment procedures were in place and the necessary checks had been carried out to ensure staff were safe to work with people. However, the providers recruitment policy was not always followed, we have made a recommendation about the recruitment process. Staff received a robust induction and training in order to carry out their role confidently.

There were enough staff to meet the needs of people. The service was small and plans to expand safely were in place. There was a process in place to ensure the service learned from accidents, incidents and events that occurred.

Staff knew people well, people and their loved ones told us Homely Health Care Ltd was a safe service. Staff understood their responsibilities to identify and report safeguarding concerns both within the service and in the community.

There were safe procedures in place to prevent the spread of avoidable infections and staff had received training in infection control procedures. People received their medicines as prescribed. People had access to timely health and social care services and professionals.

Where people were supported to eat and drink, their likes and dislikes were recorded. People and their loved ones told us staff were kind and caring. Assessment of needs were carried out before people received support from the service and these formed the basis of care plans. Care plans were person centred, detailed and reviewed regularly.

There was a complaints procedure in place and the process was known. There was a system in place to monitor the quality and safety of the service. The registered manager understood their legal and statutory responsibilities. Staff felt appreciated, supported and were proud to work at Homely Health Care Ltd. The service worked well with external agencies and professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 September 2018 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Homely Health Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 November 2022 where we visited the person at their home and ended on 17 November 2022. We visited the location's office on the 17 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority service improvement and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with and received feedback from the registered manager and care workers.

We reviewed a range of records. This included one person's care records and one medication record. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to safely meet the needs of people. There was a recruitment process in place. However, where a member of staff had gaps in their employment history these had not been explored by the service. We raised this with the registered manager, and they took immediate action to rectify.

We recommend the provider strengthen and follow their processes to ensure the safe recruitment of staff.

- The service worked to ensure consistency with staffing to support continuity in care. The registered manager told us this would be a priority as they expanded the service.
- Interview and work history records demonstrated that staff had the required values, skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all their care and support. Communication was good, and staff reported any concerns and changes to the service.
- Assessments were detailed, clearly identifying the risk with clear instructions for staff on how to work to reduce the risk. Staff told us they understood the risks people faced.
- There was a system for recording accidents and incidents, which provided the registered manager with clear oversight of all events. Staff reported events and incidents as they happened.
- Learning was shared with staff through meetings and supervisions.

Systems and processes to safeguard people from the risk of abuse

- People and their loved ones told us they were safe in the care of Homely Health Care Ltd. A relative told us, "Oh yes, [name] is safe with the staff."
- Staff had received training in safeguarding people, and this was updated annually. They told us how they would recognise signs of abuse and who they would report them to, both within the service and in the community. Staff told us they were confident that the registered manager would follow up concerns. There was a system in place for monitoring safeguarding concerns to ensure all actions were carried out.
- The service had a safeguarding policy and procedure in place.

Using medicines safely

- People received their medicines as prescribed. Medication care plans detailed the support needed, how the person preferred to take their medicines, and when to escalate concerns.
- Medicines were stored safely and where the service was responsible for ordering medicines this had been done accurately and in time.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Staff responsible for the administration of medicines were trained and had their competency assessed.

Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection.
- Staff had enough supplies of personal protective equipment (PPE) and stocks were maintained. We observed staff wearing correct PPE when providing care and support.
- Staff had received training in the control and prevention of infections. The service had included all government and public health guidance on COVID-19 into their own policies and procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working in a way that protected people's rights and people were supported to make decisions. However, the paperwork was not always detailed enough to show the necessary assessments had taken place. We raised this with the registered manager who sought to rectify it immediately.

We recommend the provider seek guidance from a reputable source about the assessment and recording of mental capacity and best interests for people.

- Staff understood the importance of ensuring people made decisions for themselves. We observed staff offering choices to people and working to support decision making.
- Staff had received training in the MCA during their induction.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before the service started. The care manager told us they had completed the assessment and got to know the needs of the person. This meant they were able to identify suitable staff through a process of skill matching.
- The completed assessments formed the basis of their care plans and provided information to enable staff to work with people safely.
- Records showed people, and those involved in their care and wellbeing had been involved in their creation.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. Formal staff supervisions had taken place and were two-way conversations which gave the staff member an opportunity to seek support if needed. Staff had received support while delivering care and support. The registered manager told us when the service expanded, staff would have regular observations and spot checks to ensure they remained competent in their role.
- The service had an induction programme in place. This combined face to face and online learning as well as supporting staff to shadow more experienced members of the team.
- Staff who were new to the care sector undertook The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training included mandatory subjects such as; safeguarding, medicines, infection control and moving and handling. Feedback from relatives told us staff were well trained and they had the necessary skills to care for people.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had been assessed in relation to their eating and drinking. Where staff supported people with food and drink, guidance was in place which detailed people's likes and dislikes.
- People were supported to prepare lists and go to collect their shopping. Where specialist support was required for eating and drinking, staff knew who to contact.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to medical and health services where necessary. Various health and social care professionals had been consulted for people.
- People's emergency contacts had been sought and they were clearly visible for staff if needed. Where the service had sought medical and specialist advice this had been done in a timely manner.
- The service worked with a variety of health professionals to contribute to good outcomes for the people it supported. These included; doctors, district nurses, occupational therapists and specialists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. It was important to the service to ensure staff and people were happy with each other and they tried as far as possible to match people's interests.
- We observed kind and affectionate interactions between people and staff during the inspection.
- People's spiritual and cultural needs were documented in their care plans and any special wishes and preferences listed for staff to be aware of.
- Staff had received training in equality and diversity. This meant they were aware of the key principles and they told us it was important to them to treat each person as an individual.

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us the service and staff considered their and their loved one's views.
- People's records showed evidence that people and those important to them were consulted and involved in creating and updating their care and support plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Relatives told us staff were respectful. The registered manager and care manager told us the core value of the service was respect.
- Encouraging independence was important to staff in order to support people to remain in their own home for as long as possible. Staff told us of the importance of supporting people to keep active and they supported them to maintain their home with cleaning and shopping.
- People's records were kept securely locked away and staff had a good awareness of confidentiality principles.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had care plans that were personalised and responsive to their changing needs. Once a person's needs had been identified the care plan listed the ways in which staff should support them. A member of staff told us, "I have enough good detail about [name] needs."
- Information about people's needs was accessible and clear to help them care for the person in the way they preferred. Each person had a detailed life history which helped the staff get to know the person better.
- Care plans were updated regularly as things changed. The service was planning on transferring to an electronic care planning system before they expanded.
- People and their loved ones were involved in the creation of their care plans. The pre assessment of needs formed the basis of the care plan. The care manager told us they completed all pre-assessments for people and tried to find out as much detail as they could.
- The service was not providing end of life care at the time of inspection. However, the care manager told us they would do so with the support of specialist nurses.
- People had been given the opportunity to discuss their end of life care and last wishes, this could be to remain in their own home or any other special requests. The creation of the end of life plans was ongoing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly detailed in their care and support plans. Details and instructions for staff were clear and shared with others as required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. However, details for the local authority were not up to date. The registered manager rectified this oversight immediately.
- People and their relatives knew how to make a complaint and who to speak to. They felt confident any matters would be addressed.
- The service had not had any formal complaints and had a system in place for recording and reviewing any complaints received.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place to monitor the quality and safety of the service. The registered manager told us they felt they had good oversight of the service.
- The service had policies and procedures in place for all aspects of the service. Staff were given access via an application on their phone or with paper copies. This meant they were able to access guidance and correct ways of working.
- Homely Health Care Limited was a small service and the registered manager checked it was operating safely every month. This included checking care records and MAR. They told us they were introducing formal audits before the service expanded and showed us examples.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were proud to work for Homely Health Care Limited. The registered manager had created a culture of inclusion, where quality of care was at the core of the service. A member of staff told us, "We are passionate about the service and want it to be the best it can be."
- People, their relatives, friends and staff told us the service was well-led. Feedback about the management of the service was positive.
- The registered manager was working on a schedule for staff meetings and told us the office was always open for staff. Staff felt supported and appreciated.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and care manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood their legal requirements to notify CQC of certain events such as serious injury and allegations of abuse.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service frequently asked people and their relatives if they were happy with the service and they confirmed they were. The registered manager visited people directly on a regular basis and therefore had

open dialogue with people and their relatives or friends.

- The registered manager told us when the service expands, they would conduct formal written surveys.
- The service worked well with external professionals and sought their input as needed.